



# State of Utah

DEPARTMENT OF COMMERCE  
DIVISION OF CONSUMER PROTECTION

## PERSONAL INTRODUCTION SERVICES PERMIT APPLICATION FORM

Annual Application fee: \$100.00 (Non-refundable)

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date of Application

### OFFICE USE ONLY

Date Issued: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Approved: \_\_\_\_\_

Exempt from surety: \_\_\_\_\_

Denied: \_\_\_\_\_

Expiration: \_\_\_\_\_

Please mark the appropriate box:

☐ INITIAL  
APPLICATION

☐ RENEWAL  
APPLICATION

If you have any questions, please contact the Division at (801) 530-6601.

Please return the completed application form and fee to:

Department of Commerce  
Division of Consumer Protection  
160 East 300 South  
SM Box 146704  
Salt Lake City, Utah 84114-6704

1. Applicant's Name: \_\_\_\_\_

2. Other names used by the Applicant: \_\_\_\_\_

3. Applicant's Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone Number

Facsimile Number

4. Contact Person: \_\_\_\_\_

Telephone Number

Facsimile Number

5. Type of Organization:

☐ Individual

☐ Partnership

☐ Limited Liability Company

☐ Corporation

☐ Other \_\_\_\_\_

6. If an individual, please provide the following:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip Code

Home Telephone Number

Facsimile Number

7. If a partnership, please provide the following information for all partners (attach additional sheets if necessary).

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip Code

Home Telephone Number

Facsimile Number

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip Code

Home Telephone Number

Facsimile Number

8. If a limited liability company, please provide the following information for all managers or members of the limited liability company (attach additional sheets if necessary).

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip Code

Home Telephone Number

Facsimile Number

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip Code

Home Telephone Number

Facsimile Number

9. If a corporation, please provide the following information for each officer, director and manager in charge of business in the state of Utah (attach additional paper if necessary).

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip Code

Home Telephone Number

Facsimile Number

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip Code

Home Telephone Number

Facsimile Number

10. Does the applicant intend to operate its business out of more than one location? ☐ Yes ☐ No  
If yes, state the following for each location:

Name of manager: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Name of manager: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

11. Surety requirement.

- a. Please mark the appropriate box indicating the type of surety being provided in satisfaction of U.C.A. § 13-30-106.

☐ Bond      ☐ Letter of credit      ☐ Certificate of Deposit

- b. If a bond is being submitted, please indicate the following:

Amount of bond, letter of credit or certificate of deposit: \_\_\_\_\_

Date of bond: \_\_\_\_\_ Bond expires: \_\_\_\_\_

Name of Surety Company: \_\_\_\_\_

Address of Surety Company: \_\_\_\_\_

Telephone and fax number of Surety Company: \_\_\_\_\_

Registered on Treasury list: ☐ Yes ☐ No

- c. If a letter of credit or certificate of deposit is being submitted, please indicate the following:

Date of letter of credit: \_\_\_\_\_ Letter of credit expires: \_\_\_\_\_

Date of certificate of deposit: \_\_\_\_\_ Certificate of deposit expires: \_\_\_\_\_

Name of Utah Bank: \_\_\_\_\_

Address of Utah Bank: \_\_\_\_\_

Telephone and fax number of Utah Bank: \_\_\_\_\_

12. Please state the case title, docket number, the names and addresses of all parties and a detailed explanation of any administrative, criminal or civil action brought against the Applicant or any of its officers, partners, managers or members.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Provide the following information for Applicant's Registered Agent:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Facsimile Number

The undersigned certifies that the information contained in this application is true and correct. The undersigned further states that the local ordinances applicable to Applicant's Personal Introduction Services do not prohibit the operation of said services.

DATED: \_\_\_\_\_

APPLICANT:

BY \_\_\_\_\_  
ITS